

**BEST AVAILABLE COPY**

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-weight: bold;">10749373</div>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
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Total Indep	2							
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Total Claims	10							
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